



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

ACTION MEMO

JUL 17 2003

HEALTH AFFAIRS

FOR: UNDER SECRETARY OF DEFENSE (PERSONNEL AND READINESS)

FROM: *E.P. Embrey*
William Winkenwerder, Jr., MD, ASD (Health Affairs)

SUBJECT: Historical Deployment Records

- As major deployments continue, it is critical that the Department of Defense (DoD) collects and preserves records necessary to assess events and exposures to protect the health of personnel involved in past, current and future deployments.
- The capability to assess Gulf War events and exposures was complicated by the lack of adequate collection and protection of force health-related records. It is essential to DoD credibility that we do not repeat that error.
- DEPSECDEF recognized and re-emphasized the importance to DoD that all elements identify, collect, organize, and preserve records pertinent to current and future deployments (TAB B).
- DoD Directive 5107.2 (TAB C) makes the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments responsible for collecting, analyzing, and assessing information concerning force health during deployments, and publishing reports on the same. He has designated the DASD (FHP&R)/Director, Deployment Health Support Directorate (DHSD) lead this effort.
- The DASD/DHSD is also responsible for developing and maintaining the information infrastructure to support goals outlined in DoD Directive 5107.2.
- All DoD elements must preserve deployment data and provide DHSD access to those records to assist in assessing the impact of events and exposures on force health.

RECOMMENDATION: That the USD (P&R) sign the memo at TAB A

COORDINATIONS: TAB D

Attachments:

As stated

Prepared by: Ms. Ellen P. Embrey, 703-578-8440, PCDOCS# 50537, 50538, 50539



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG 15 2003

PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
DIRECTOR, DEFENSE RESEARCH AND ENGINEERING
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF
DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
ASSISTANTS TO THE SECRETARY OF DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTOR, NET ASSESSMENT
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Historical Records Pertaining to Major Deployments

- References:
- (a) Deputy Secretary of Defense Letter, Subject: Historical Records Pertaining to Iraq, March 28, 2003
 - (b) Department of Defense Directive 5107.2, November 9, 2000
 - (c) Record Collection Plan (copy attached)
 - (d) CJCSI 5760.01, Records Management Policy for the Joint Staff and Combatant Commands, March 10, 2003
 - (e) CJCSM 5760.01, Volume I, Joint Staff and Combatant Command Records Management Manual – Procedures, March 10, 2003
 - (f) CJCSM 5760.01, Volume II, Joint Staff and Combatant Command Records Management Manual – Disposition Schedule, March 10, 2003

It is vital for the Office of the Assistant Secretary of Defense (Health Affairs) to ensure collection and archiving of force health related information from major deployments/AOR engagements. All elements of the Department of Defense will promote and assist the efforts to collect data needed to assess the impact of policies, processes, events, and exposures on the health of personnel involved in deployments/engagements.



The need for effective document collection and archival procedures was a major lesson learned from the 1991 Gulf War. The capability to assess Gulf War health related events and exposures was severely hindered by the lack of adequate collection and protection of force health related records. It is critical to the Department's current and future credibility and capabilities that we successfully archive all appropriate deployment records. To this end, the Assistant Secretary of Defense (Health Affairs), who is also the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments, will require access to all appropriate records associated with force health protection.

The Assistant Secretary of Defense (Health Affairs) has directed the Deputy Assistant Secretary of Defense (Force Health Protection & Readiness), also designated as the Director, Deployment Health Support Directorate (DHSD), to lead this effort. The DHSD is charged with developing and maintaining the information infrastructure to support assessing the impact of events on force health, institutionalizing lessons learned, and providing the outreach functions, as outlined in DoD Directive 5107.2. The DHSD will lead the effort to ensure force health protection related records are collected, maintained, and accessible.

Enclosed is a Records Collection Plan, which includes an initial list of data/records types believed to possibly contain information required for analysis of force health issues and an initial list of disposition schedule categories that might contain such records. It is essential that your records managers coordinate with DHSD to assist in determining which records DHSD can access externally and which may require transfer to DHSD to ensure their availability for analysis of force health issues. Please provide the name(s), grade, address, and telephone numbers of your staff responsible for management of deployment records to the DHSD at (703) 845-8377/8375 no later than two weeks after receipt of this memorandum.

A handwritten signature in dark ink, appearing to read "David S. C. Chu", with a stylized flourish at the end.

David S. C. Chu

Attachment:
As stated

Record Collection Plan

Objective: To collect and preserve appropriate deployment records required to assess the impact of policies and processes, events, and exposures on the health of deployed personnel.

The ability to assess events and exposures of the 1991 Gulf War was severely complicated by the lack of adequate collection and protection of force-health-related records, which negatively impacted the credibility and capabilities of the Department. Therefore, it is critical that all Department of Defense (DoD) elements assist the efforts of the Assistant Secretary of Defense (Health Affairs) to preserve records critical to assessing and protecting force health. This will require the Deployment Health Support Directorate (DHSD) to maintain the automated information infrastructure and databases required to either access or collect and retain a wide range of medical, operational, and intelligence records covering the entire spectrum of deployment activities and events.

Deployment Definition: For the purposes of this collection plan, a deployment is defined as a movement resulting from a Joint Chiefs of Staff (JCS)/combatant command deployment order for 30 continuous days or greater to a land-based location outside the United States.

Use: Records accessed or collected will be used to fulfill DoD policy and Special Assistant taskings listed in DoD Directive 5107.2. The policies include:

1. "Do everything possible to investigate the events that occurred during deployments and on the battlefield, and to account as fully as possible for those events in order to understand and explain their impact on the health of Service members and civilian personnel." This requires DHSD to access, collect, and analyze records regarding force health during deployments, and publish reports, as appropriate. It also requires DHSD to maintain the capability to respond rapidly on urgent deployment force health related issues tasked by the Secretary.
2. "Ensure that lessons learned from military deployments are institutionalized in military doctrine, organizations, training, materiel, policies, procedures, and future issues in order to achieve optimal levels of health protection and readiness for our Service members." This requires DHSD to (1) review records of deployments, investigations, inspections, and exercises as they relate to force health and address concerns and issues and recommend corrective actions to USD (P&R), (2) maintain dialogue with DoD lessons learned staffs concerning force-health issues, and (3) review and monitor implementation of health-related deployment and readiness plans, policies, and programs to identify opportunities to improve force health protection.
3. "Stay connected to Service members, civilian personnel, Veterans and Military Service Organizations, veterans, their families, and the public through outreach aimed at responding to their concerns about, and assuring and preserving their trust in, the force health related information and activities associated with past and potential military deployments." This requires DHSD to (1) conduct risk communications initiatives to respond to Service

members, veterans, and the public regarding deployment force-health issues, (2) represent DoD positions on behalf of Service members and veterans, (3) conduct outreach visits to Service members, veterans, and the public to respond to deployment force-health issues, and (4) establish and maintain interactive communication technologies to allow the free flow of information and concerns between Service members and veterans and the Department's senior leadership.

Collection Requirements: Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 5760.01 provides policy and guidance for the Joint Staff and combatant commanders in the conduct of records management. Stated policy objectives of the records management include (1) preserving information as records that document the role and activities of the Joint Staff and combatant commands, (2) providing a continuous set of records reflecting organization, functions, policies, procedures, operations, and other actions of the Joint Staff and combatant commands that have historical, legal, research, or public interest value, and (3) ensure compliance with records management statutes.

CJCSM 5760.01, Vol. I, provides records management administrative instructions and procedural guidance for the Joint Staff and combatant commands. It includes procedures and responsibilities for statutory requirements to preserve records generated during crisis and contingency operations. It provides an index of "Critical Records" that must, at a minimum, be preserved.

CJCSM 5760-01, Vol II, provides the disposition schedules that constitute authority for the Joint Staff and combatant commands to retain, transfer, temporarily or permanently retire, or destroy records

DHSD will require access to and knowledge of a wide range of deployment data and records, in electronic or hardcopy formats, maintained either at the Joint Staff/ combatant command/Services or transferred to DHSD. The following is an initial list of types of data/records believed to contain information needed for the analysis of force health issues. This is followed by an initial list of records categories within the major disposition schedule categories listed in CJCSM 5760.01, Vol II, believed to possibly contain the required data/records. DHSD will coordinate with designated Records Managers to refine these requirements and identify records that may require preservation beyond the established disposition schedule.

Records List

1. Accident Report/Serious Injury Reports
2. After Action Reports
3. After Action Reviews
4. Assignment Orders
5. Battle Damage Assessments (BDA)
6. Baseline Studies
7. Base Camp Assessment Reports
8. C2PC track histories/data files
9. CFLCC Task Organization Reports
10. Chemical Downwind Reports
11. Command/Unit Logs
12. Command Task Organization Report
13. Commander's SITREPS (HQ and units)
14. Commander's Daily Summary
15. Decontamination Reports
16. Decon Site Reports
17. Deployment Orders
18. Deployment Medical Surveillance Data
19. DNBI Reports
20. Enemy/Prisoner of War Reports
21. Environmental Analysis Summaries
22. Environmental Baseline Surveys
23. Environmental Close Out Reports
24. Environmental Closure Reports
25. Environmental Condition Reports
26. Environmental Sampling Reports
27. Environmental Site Surveys
28. Explosive Ordnance Disposal Support Report
29. Exposure Incident Reports
30. Hospital Admissions Logs
31. Immunization Rosters/Records
32. Inpatient Treatment Records
33. Intelligence Estimates
34. Intelligence Summaries (INTSUM)
35. Intelligence Situation Reports (SITREP)
36. Casualty Reports
37. Deployment Orders
38. Force Protection Plans
39. Fragmentary Orders (FRAGO)
40. GCSS data files (unit location data)
41. Histories (JCS, Commands, Units)
42. JULLS and Service Lessons Learned databases
43. Medical Bed Status/Bed Availability Reports

44. Medical Evacuation Request
45. Medical Outbreak Reports
46. Medical SITREP
47. Medical Spot Report
48. Medical Status Report
49. Meteorological Records
50. Modeling Results/Records
51. Monthly Pesticides Use Records
52. NBC 1,2,3,4,5,6 Reports
53. NBC Situation Reports
54. Operations Orders (OPORD)
55. Operations Plans (OPLANS)
56. Patient Treatment Logs
57. Pre and Post-Deployment Assessments
58. Spill Report
59. Staff Journals
60. Time Phased Force Deployment Data (TPFDD)
61. Unit Manning Document
62. Unit Personnel Rosters
63. Warning Orders

Disposition Categories

0000 Series – Corporate Joint Staff (JS) and Headquarters, Combatant Command Records.

- (0001-01) JS/Combatant Command/Subordinate Command papers, memorandums, and histories.
- (0016-01) For the CJCS messages.
- (0021-01) Combatant Command histories.
- (0021-05) OSD, Services, Defense Agencies, Subordinate Command histories.
- (0031-01) Combatant Commander/Deputy memorandums, messages, reports.
- (0034-01) Combatant Command historical records.

0100 Series – Organization and Manpower.

- (0105) UMD.

0200 Series – Personnel and Payroll.

- (0230) Military Awards, Individual and Unit.
- (0237) Casualty Reporting, Notification, and Assistance.

0300 Series – Intelligence and Security.

- (0321) Intelligence Estimates.
- (0322) Intelligence Reports and Studies.
- (0327) Intelligence General Correspondence.
- (0334) Prisoner of War Records.

0400 Series – Information and Legal.

- (0402) Congressional Correspondence.
- (0403) Legislative Testimony.
- (0406) Speeches and Public Relations.

0500 Series – Operations, Planning, Command and Control.

- (0501) Operations Policy.
- (0502) Operations Summaries, Logs, and Reports.
- (0503) Operations (Codeword Nickname).
- (0504) Readiness and Operations.
- (0505) Special Operations.
- (0507) Joint Deployment System – JDA, JOPES, TPFDD.
- (0509) Lessons Learned.
- (0511) Operations Plans/Contingency Plans.
- (0512) Crisis Incident Action Books – Reports, Messages, and Briefings.
- (0515) Joint Operations Planning and Execution System (JOPES) – TPFDD.
- (0525) Global Command and Control System (GCCS) – Unit Location Data.
- (0530) Command Reports.
- (0540) Biological Records.
- (0541) Chemical Records.

0900 Series – General Administration and Authorities.

- (0931) Declassification – JS/Combatant Command files.
- (0934) Inspector General (IG) Investigations – as directed by OSD, JS, Combatant Command.
- (0935) Inspections.

1100 Series – Medical.

- (1101) General Medical Administration – Directives and Guides.
- (1102) Preventive Medicine – Policies, procedures, guidance.
- (1107) Force Health Protection.
- (1108) Aeromedical Evacuation Records.
- (1109) Medical Exercises/Operations.
- (1110) Medical, Statistical, and Related Reports.

Formats/Media: DHSD can accept records in a wide range of formats and media including:

1. Text delimited format with headlines from automated databases.
2. Widely used electronic word processing formats: Word Perfect, Microsoft Word.
3. Spreadsheets: Microsoft Excel.
4. Presentations: Microsoft Power Point .
5. E-mail: Lotus Notes, Microsoft Outlook.
6. Standard Image Formats: GIF, TIF, PDF, JPEG, PSD, BMP.
7. Standard Video and Audio Formats: MPEG, AVI, MOV, WMV, WAV.
8. Web Files: HTML.
9. Hardcopy documents and images.
10. Slides.
11. Video tapes.
12. Audio tapes.
13. Data tapes.
14. CDROM/DVD.

Keyword Topics Lists

Medical

1. Adjuvant
2. Aeromedical
3. AFCITA
4. Amebic
5. Anaphylaxis
6. Anthrax
7. Ascariasis
8. Bacillus Cereus
9. Batch
10. Bilharzia
11. Blastomycosis
12. BMIST
13. Botulinium Toxoid
14. Botulism
15. BOTOX
16. Campylobacter
17. Chagas
18. Chancroid
19. Chikung
20. Cholera
21. CHCS
22. Cipro
23. Clinic
24. Congo Crimean
25. Contagious
26. Cryptococcosis
27. Cryptosporidiosis
28. DD2795
29. DD2796
30. DD2766
31. Diarrhea
32. DNBI
33. Dose
34. Doxycycline
35. Ebola
36. E Coli
37. Echinococcus
38. EMEDS
39. Encephalitis
40. Endemic
41. Entero
42. Enzoos
43. Epidem
44. Epizoo
45. Escherichia
46. Evacuation
47. Evaluation
48. Expeditionary Medical Support
49. Exposure
50. FDA
51. Fever
52. Forward Surgical Team (FST)
53. Flu
54. Gastroenteritis
55. GEIG
56. GEMS
57. Globulin
58. Haemorrhagic
59. Hepatitis
60. Histoplasmosis
61. Hospital
62. Immune Serum Globulin
63. Immunization
64. Infection
65. Influenza
66. Innoculation
67. Inpatient
68. Investigational
69. Informed Consent
70. JMEWS
71. Lice
72. Line of Duty
73. Liver Fluke
74. Lot
75. Lung Fluke
76. Lyme
77. Malaria
78. Marburg
79. Measles
80. MEDPROS
81. Medical Record
82. Meningitis
83. Norwalk
84. Outpatient
85. Parasite
86. Paraparesis
87. PB
88. PDHA
89. Post- Deployment
90. Pre-deployment
91. PHS 731
92. Physical
93. Plague
94. Pyridostigmine
95. Quarantine
96. Quinine
97. Rabies
98. Rotavirus
99. Rubeola
100. Salmonella
101. SAMS
102. Sandfly
103. SARS
104. Screening
105. Severe Acute Respiratory Syndrome
106. Shigella
107. Sick Call
108. Squalene
109. Staph
110. STD
111. Stress
112. TRACES
113. Vaccin
114. Yellow Fever
115. Yellow Shot Record

Operational

1. Aerosol
2. Aflatoxin
3. Agent
4. Alarm
5. Anthrax
6. Antidote
7. ATSDR
8. Azemethiphos
9. Atropine
10. Bed Down
11. Benzene
12. Bequerels
13. Binary
14. Bioassay
15. Blister
16. Biologic
17. Biowar
18. Botulism
19. Brucella
20. Bubonic
21. Bunkers
22. Burning Eyes
23. Burning Skin
24. Burnettti
25. CANA
26. CARC
27. CASTOR
28. CBR
29. CBW
30. Chemical
31. Chemical Detector
32. Chemical Weapon
33. Choke
34. Cipro
35. Clostridium
36. Coccidiomycosis
37. Coliform
38. Congestion
39. Coxiela
40. Dengue
41. Coalition Forces
42. Combat
43. Contamination
44. Cyclosarin
45. DECON
46. DEET
47. Delouse
48. Demolition
49. Depleted Uranium
50. Deploy
51. Deployment Orders
52. Diazanon
53. Diazepam
54. Dizziness
55. DU
56. Enemy Prisoners of War
57. EOD
58. EPWS
59. EPA
60. Excrement
61. Flea
62. Flies
63. Fly Bait
64. Fox
65. Friendly Fire
66. GA
67. GB
68. GD
69. GEOLOC
70. GERM
71. GF
72. Hazardous Waste
73. Heavy Metals
74. HD
75. Herbicide
76. Hexachlorocyclohexane
77. Hydrogram Sulphide
78. Hydrazine
79. ICAM
80. Incinerator
81. Industrial Hazards
82. Injector
83. Insect
84. JP-4
85. JP-8
86. KIA
87. Lead
88. Leaking barrel
89. Lewisite
90. Lice
91. M21
92. M256
93. M40
94. M8A1
95. M9
96. M93
97. Mark I Kit
98. MEDCAP
99. Melathion
100. Mesoscale
101. Microencaps
102. Mobile Lab
103. Mobilization
104. MOPP
105. Mosquito
106. Mustard
107. NBC Report
108. Nerve
109. Neurologic
110. Non-hostile deaths
111. Occupational
112. Oil Well
113. Overgarment
114. Oxytoxin
115. Particulates
116. PB
117. Permethrin
118. Pesticide
119. Personnel Data
120. Personnel Roster
121. PHOSGENE
122. Plague
123. PM10
124. PM2.5
125. Poison
126. Pollution
127. Potable
128. Psitta
129. Rash
130. Pyridostigmine

131. Rear CP
132. Redeploy
133. Remission
134. RICIN
135. Sample
136. Sanitation
137. Sarin
138. Scud
139. Sewage
140. SNIP
141. Soman

142. Spill
143. Tabun
144. Tick
145. TICS
146. TIMS
147. Toxic
148. Toxin
149. Tulare
150. Tungsten
151. UXO
152. V Agent

153. Vapor
154. Volatile Organic
Compounds
155. VOC
156. Water
157. WIA
158. WMD
159. Wounded in Action
160. Yellow Cake



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

March 28, 2003

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
DIRECTOR, DEFENSE RESEARCH AND ENGINEERING
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF
DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
ASSISTANTS TO THE SECRETARY OF DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTOR, NET ASSESSMENT
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Historical Records Pertaining to Iraq

Historical records of the Department of Defense maintained during previous emergencies are of enduring historical significance for U.S. and world history and have been indispensable for rendering complete, accurate, and objective accountings of the government's activities to the American people. Moreover, they have provided the basis for the preparation of studies and analyses of policies, plans, operations, technology, logistics, and personnel that may have invaluable benefits for the national defense. It is of the utmost importance, therefore, that we preserve the historical record of the current experience pertaining to Iraq and derive from it information and lessons that can be applied in planning, shaping, and implementing the national defense in the future.

To this end, all elements of the Department of Defense should identify, collect, organize, and preserve records, including paper, electronic media, imagery and recorded information pertinent to activities in connection with current and projected operations.

The Director of Administration and Management may issue such instructions as may be necessary to implement this memorandum.

Paul Wolfowitz
U04155-03





Department of Defense DIRECTIVE

NUMBER 5107.2

November 9, 2000

Administrative Reissuance Incorporating Change 1, May 16, 2001

DA&M

SUBJECT: Special Assistant to the *Under Secretary of Defense (Personnel and Readiness)* for Gulf War Illness, Medical Readiness, and Military Deployments

References: (a) Title 10, United States Code

(b) Presidential Review Directive-5 (NSTC/PRD-5), "A National Obligation: Planning for the Health Preparedness for and the Readjustment of Military, Veterans, and their Families after Future Deployments," August 1998, Executive Office of the President, Office of Science and Technology, Washington, D.C.

(c) DoD Directive 8910.1, "Management and Control of Information Requirements," June 11, 1993

1. PURPOSE

Pursuant to the authorities provided in reference (a) and consistent with Presidential Review Directive 5 (reference (b)), this Directive establishes the position of Special Assistant to the *Under Secretary of Defense (Personnel and Readiness)* for Gulf War Illnesses, Medical Readiness, and Military Deployments with the responsibilities, functions, relationships, and authorities, as prescribed herein.

2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies,

the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as "the DoD Components").

3. POLICY

It is DoD policy to:

3.1. Do everything possible to investigate the events that occurred during deployments and on the battlefield, and to account as fully as possible for those events in order to understand and explain their impact on the health of Service members and civilian personnel.

3.2. Ensure that lessons learned from military deployments are institutionalized in military doctrine, organizations, training, materiel, policies, procedures, and future issues in order to achieve optimal levels of health protection and readiness for our Service members.

3.3. Stay connected to Service members, civilian personnel, veterans and Military Service organizations, veterans, their families, and the public through outreach aimed at responding to their concerns about, and assuring and preserving their trust in, the force health-related information and activities associated with past and potential military deployments.

4. RESPONSIBILITIES AND FUNCTIONS

4.1. The Special Assistant to the Under Secretary of Defense (Personnel and Readiness) for Gulf War Illnesses, Medical Readiness, and Military Deployments shall serve as the principal staff advisor to the Under Secretary of Defense (Personnel and Readiness) (USD(P&R)) on deployment matters as they pertain to force health in the Department of Defense, including aspects of doctrine, policy, readiness, and medical research. In the execution of his advisory responsibilities, and as determined by the USD(P&R), the Special Assistant to the Under Secretary of Defense (Personnel and Readiness) for Gulf War Illnesses, Medical Readiness, and Military Deployments shall:

4.1.1. Review the findings of investigations, inspections, and exercises related to the force-health aspects of military deployment activities conducted by the DoD Components. Where appropriate, address the concerns and issues from their findings and submit recommendations for corrective actions to the USD(P&R)).

4.1.2. Collect, analyze, and assess information concerning the force health of military deployments from Service members, veterans, and the DoD Components. Publish, as appropriate, case narratives, information papers, and environmental exposure reports related to the same.

4.1.3. Develop and maintain an automated information system and database that supports the investigation, information exchange, reporting, and archiving of pertinent force health-related information on past, present, or potential military deployments.

4.1.4. Maintain the capability to respond rapidly to, and estimate and report the impact of, urgent deployment related issues tasked by the Secretary, and/or raised by the Military and Veterans Health Coordinating Board (MVHCB) and its working groups.

4.1.5. Establish, conduct, and maintain ongoing liaison and dialogue with the deployment-related and lessons-learned staffs of the Office of the Secretary of Defense, the Joint Staff, the Combatant Commands, the Intelligence Community, and the Military Departments, consistent with the deployment activities prescribed within his area of cognizance.

4.1.6. Review and monitor implementation of OSD and Joint Staff health-related deployment and readiness plans, policies, and programs, such as Joint Medical Surveillance and Force Health Protection, to identify opportunities to improve force-health protection of Service members and civilian personnel in order to report to the *USD(P&R)* on potential force-health issues.

4.1.7. Sponsor DoD advisory groups, studies, and analyses to examine, evaluate, and report to the *USD(P&R)* on selected deployment force-health issues.

4.1.8. In coordination with the Assistant Secretary of Defense (Health Affairs), the Assistant Secretary of Defense (Public Affairs), the MVHCB, and other Agencies, conduct risk communication initiatives to respond individually and collectively to Service members, veterans, and the public on concerns regarding potential deployment force health-related issues. Initiatives shall be coordinated with the DoD Components, as appropriate, and may include, but are not limited to:

4.1.8.1. Proactively representing DoD positions on behalf of Service members and veterans.

4.1.8.2. Conducting outreach visits to Service members, veterans, and other groups to respond to force-health deployment issues.

4.1.8.3. Establishing and maintaining interactive communication technologies to ensure the free flow of information and concerns between Service members and veterans and the Department's senior leadership.

4.1.9. Serve as the *Department* of Defense representative to the MVHCB and communicate with veterans and Military Service organizations on force health-related deployment issues.

4.1.10. Perform other duties as assigned by the *USD(P&R)*.

5. RELATIONSHIPS

5.1. In the performance of assigned functions and responsibilities, the Special Assistant shall:

5.1.1. Report directly to the *USD(P&R)*.

5.1.2. Coordinate and exchange information with other OSD officials, Heads of the DoD Components, and other Federal officials having collateral or related functions.

5.1.3. Promote coordination, cooperation, and mutual understanding concerning deployment matters as they relate to force-health and medical readiness activities and issues within the Department of Defense, other Executive Departments and Agencies, the Congress, veterans and Military Service organizations, and the public.

5.1.4. Use existing facilities and services of the Department of Defense and other Federal Agencies, whenever practicable, to avoid duplication and to achieve an appropriate balance among modernization, readiness, sustainability, efficiency, and economy.

5.2. Other OSD officials and Heads of the DoD Components shall coordinate with the Special Assistant on all matters related to the responsibilities and functions cited in section 4., above.

5.3. Nothing herein shall be interpreted to interpose the Special Assistant in the policymaking, oversight, and execution of deployment activities or medical research, which are and remain the responsibility of the cognizant OSD Principal Staff Assistants, the Secretaries of the Military Departments, the Chairman of the Joint Chiefs of Staff,

and the Commanders of the Combatant Commands, that are prescribed by law or regulation.

6. AUTHORITIES

The Special Assistant is hereby delegated authority to:

6.1. Obtain reports *and* information, advice, and assistance consistent with DoD Directive 8910.1 (reference (c)), as necessary, in carrying out assigned functions.

6.2. Communicate directly with Heads of the DoD Components. Communications to the Commanders of the Combatant Commands shall be transmitted through the Chairman of the Joint Chiefs of Staff.

6.3. Communicate with other Government officials, representatives of the Legislative Branch, members of veterans and Military Service organizations, members of the public, and representatives of foreign governments, as appropriate, in carrying out assigned functions.

7. EFFECTIVE DATE

This Directive is effective immediately.



Rudy de Leon
Deputy Secretary of Defense

SUBJECT: Collection of Deployment Records

As Operation Iraqi Freedom continues, it is critical that the Department of Defense (DoD) collects information necessary to assess events and exposures to protect the health personnel in this and future deployments. DoD Directive 5107.2 details policy to (1) Do everything possible to investigate events on the to understand and explain their impact on the health of Service members and civilian personnel. (2) ensure that lessons learned from military deployments are institutionalized to achieve optimal levels of health protection and readiness, and (3) conduct outreach to service members, civilian personnel, veterans, service organizations, veterans, their families, and the public to respond to their health concerns and preserve their trust in the Department.

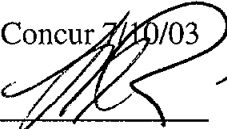
This directive and the creation of the Deputy Assistant Secretary of Defense (Force Health Protection & Readiness) are outgrowths of painful lessons from the Gulf War. DoD established the Office of the Special Assistant for Gulf War Illnesses in response to a crisis of credibility that threatened DoD public support and capabilities. It's capability to assess events and exposures was complicated by the lack of adequate collection and protection of critical health-related records at the time of the Gulf War. It is absolutely critical to our current and future capabilities that we not repeat that error.

The DoD has made significant progress in the area of Force Health Protection. The Assistant Secretary of Defense (Health Affairs) is the principal staff advisor on deployment matters as they pertain to force health protection. Under his direction, the new Deputy Assistant Secretary of Defense (FHP&R) is responsible implementing policies to protect the health of our forces. This Deputy is also designated as the Director, Deployment Health Support Directorate (DHSD). DHSD has the sole responsibility to develop and maintain the information infrastructure to support the assessment, institutionalizing of lessons learned, and outreach functions outlined in DoD Directive 5107.2.

It is incumbent on all DoD leadership to promote and assist the efforts of DASD (FHP&R)/DHSD to collect and retain records critical to assessing events and exposures, and to support clinical care and public health activities.

SUBJECT: Historical Deployment Records

COORDINATIONS

	Concur	Non-Concur	Comment
USD (AT&L)	4/24/03	_____	(No Comments)
USD(C)	4/23/03	_____	(No Comments)
USD (P)	5/7/03	_____	(No Comments)
DoD OGC	4/24/03	_____	(No Comments)
Director, Joint Staff	5/1/03	_____	(See Attached)
Deputy, DHSD		Dr. Michael E. Kilpatrick	Concur 7/10/03
DASD, FHP/R		Ms. Ellen P. Embrey	Concur 7/10/03
Acting CoS, HA		CAPT Tracy Malone	 7/17/03
PDASD, HA		Mr. Ed Wyatt	_____

CORRESPONDENCE TASKER

Classification: UNCLASSIFIED

Date: 7/18/2003

Control Number: 0108247

Route To: USD ADMIN/CCO

External Reference:

Controlling Organization: ADMIN/CCO

Document Date: 7/17/2003

Original Suspense Date:

Document Originator: ELLEN EMBREY / HA / 703-578-8440

Current Suspense Date:

Create Date: 7/18/2003

Signature Level: USD

Subject: HISTORICAL DEPLOYMENT RECORDS

Action: Prepare for Signature

A handwritten signature in black ink, appearing to be 'E. Embrey', is located to the right of the 'Action' field.

ADDITIONAL INSTRUCTIONS:

PCDOCS # 50537, 50538, 50539

COORDINATIONS

Signature: _____

Date/Time: _____

Printed Name: _____



Health Affairs

ROUTING AND TRANSMITTAL SHEET



TRICARE
Management
Activity

	Sign	Coord		Sign	Coord
ASD, HA		✓	Dir, TMA		
PDASD, HA					
DASD, C&PP			CMO		
DASD, FHP&R			Dir, DHS		
DASD, HB&FP			CFO		
DASD, HPA			COO		
			Dir, TRICARE Operations/PEO		
CIO, MHS			Dir, IMT&R		
OGC, DoD			OGC, TMA		
LA					
7/19/03 CoS, HA		✓	Dir, A&M		
Military Assistant			CoS, TMA		
Dir, PI, HA			Dir, PI, TMA		
Dir, P&S			Dir, Admin		
Other (Specify)			Other (Specify)		
DMD (SKY)		Date:	DMD (PNT)	A	Date: 7/10/03

Date Received: 7/10/03 Suspense Date:

Subject: Historical Deployment Records

PCDOCS #: 50537/50538/50539 ⁵²⁶⁴⁰ OSD/P&R #: 0108247

AO: Ms. Ellen P. Embrey Office: DASD (FHP&R) Phone #: 703-578-8440
Rich Harrington 845-8377

NOTES: Orig. returned to AO for distro. A 8/19/03



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TRICARE
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ACTION OFFICE FHP+R DATE 8-19-03 PCDOCS # 53940
RESP # 50537

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Additional Comments:

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